CERTIFICATE OF 1	TRANSMISSION BY FAC	CIMII F (37 CFD 1 9)	Docket No.
Applicant(s): G. Engel et	al.	SIMILE (37 CER 1.0)	DE920000112US1
Application No. 10/028,225	Filing Date 12/18/01	Examiner Hassan A. Phillips	Group Art Unit 2151
Invention: METHOD AN	ND SYSTEM FOR REMOTE SO	OFTWARE DISTIBUTION AN	ID INSTALLATION
,			RECEIVED CENTRAL FAX CENTER
	•		DEC 1 2 2005
I hereby certify that this is being facsimile transmit	Change of Corr. Address, ted to the United States Patent	Authorization to Act in a Rep. (Identify type of correspondence) t and Trademark Office (Fax. N	
on 12/12/200			
(Date)			
		Jennifer Si (Typed or Printed Name of Person (Signature)	
		V	
	Note: Each paper must ha	ve its own certificate of mailing.	



DEC 1 2 2005

Sample Form (09-04)

## AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

	<del></del>					
In re App	lication of:  G. Engel et al.					
Application				-		
Filed:	12/18/2001					
Title:	METHOD AND SYSTEM FOR REMOTE SOFTWARE DIST	RIBUTION AND INS	STALLATION			
Attorney Docket No.  DB928000112US1  Art Unit:			1			
The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:						
	Name		Registration Number			
Elîzabeth A. Stanek			48,568			
This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the abovenamed practitioner should be executed and filed in the United States Patent and Trademark Office.						
	SIGNATURE of Pro	actitioner of Recor	d			
Signature	William I Steinberg		Date 12/7/65			
Name	William H. Steinberg		Registration No., if appli	icable		
Telephone	607-429-3979					

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.